T.C.
ANKARA MEDIPOL UNIVERSITY
FACULTY OF PHARMACY

INTERNSHIP RECORD BOOK

SCHOOL NUMBER
NAME SURNAME

ANKARA- 20 . .

MEDIPOL UNV-ANKARA
ANKARA MEDIPOL UNIVERSITY

INTERNSHIP I

Name of institution of internship	
Phone number	
Adress	
Supervisor	
Start date	
End date	
Probation Period (the calculation will be made considering the traniee's mandatory dates for not partcipating in the program.)	

INTERNSHIP II

Name of institution of internship	
Phone number	
Adress	
Supervisor	
Start date	
End date	
Probation Period (the calculation will be made considering the traniee's mandatory dates for not partcipating in the program.)	

INTERNSHIP III

Name of institution of internship	
Phone number	
Adress	
Supervisor	
Start date	
End date	
Probation Period (the calculation will be made considering the traniee's mandatory dates for not partcipating in the program.)	

I, at this moment, declare the correctness of the information I have given above, by the internship forms, in my internship book.

Date: ...../...../.....

Student Name-Surname

Signature

MEDIPOL
UNV-ANKARA
ANKARA MEDIPOL UNIVERSITY

INTERNSHIP IV

Name of institution of internship	
Phone number	
Adress	
Supervisor	
Start date	
End date	
Probation Period (the calculation will be made considering the traniee's mandatory dates for not partcipating in the program.)	

INTERNSHIP V

Name of institution of internship	
Phone number	
Adress	
Supervisor	
Start date	
End date	
Probation Period (the calculation will be made considering the traniee's mandatory dates for not partcipating in the program.)	

INTERNSHIP VI

Name of institution of internship	
Phone number	
Adress	
Supervisor	
Start date	
End date	
Probation Period (the calculation will be made considering the traniee's mandatory dates for not partcipating in the program.)	

I, at this moment, declare the correctness of the information I have given above, by the internship forms, in my internship record book.

Date: ...../...../.....

Student Name-Surname

Signature